## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

NAME STREET ADDRESS CITY-S1-ZIP OCALA, FL 34480  TITLE NAME STREET ADDRESS CITY-S1-ZIP OCALA, FL TITLE NAME STREET ADDRESS CITY-S1-ZIP OCALA, FL TITLE NAME STREET ADDRESS CITY-S1-ZIP OCALA, FL TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE ODelete ODelete TITLE ODelete ODE	DOCUMENT # S93143  1. Entity Name TRIPLE CROWN REALTY OF OCALA, INC.						05-03-2004	4 90454 034 ***1	50.00	
1740 E SIVER SPRINGS BLVD OCAL, FL 34470  2. Principinal Place of Business  Suite, Aptl. #, etc.  Suite, Address of New Registered Agent.  City FL Zip Code  Suite, Address of New Registered Agent.  City FL Zip Code  Suite, Address of New Registered Agent.  Suite, Address of O. Box Number is Not Acceptable)  City FL Zip Code  Suite, Address of Poulta, in the State of Poulta, in am lamillar with, and soceptable to engagement agent, or both, in the State of Poulta, in am lamillar with, and soceptate the engagement agent, or both, in the State of Poulta, in am lamillar with, and soceptate the engagement agent, or both, in the State of Poulta, in am lamillar with, and soceptate the engagement agent, or both, in the State of Poulta, in am lamillar with, and soceptate the engagement agent, or both, in the State of Poulta, in am lamillar with, and soceptate the engagement agent, or both, in the State of Poulta, in am lamillar with, and soceptate the engagement agent, or both, in the State of Poulta, in am lamillar with, and so	Principal Place of Business Mailing Address						_			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  10242004 Chg-P CR2E034 (10/03)  City & State  City & State  City & State  City & State  Country  Exp.  Count	1740 E SLIVER SPRINGS BLVD 1740 E SLIVER SPRINGS BLVE					) 		il Babia Biggi gabik bibia babia bibia	1)  <b>[1</b> ]  (1   <b>  1</b> ]	
City & State  Ci	2. Principal P	lace of Business	3. Mailing Address							
Signature   Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242004	Chg-P	CR2E034 (10/03)			
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Street Address (P.O. Box Number is Not Acceptable)  City  FL  2ip. Code  DATE  Street Address (P.O. Box Number is Not Acceptable)  City  FL  2ip. Code  City  FL  2ip. Code  DATE  Street Address (P.O. Box Number is Not Acceptable)  City  FL  2ip. Code  DATE  Address (P.O. Box Number is Not Acceptable)  City  FL  2ip. Code  City  FL  2ip. Code  City  FL  2ip. Code  DATE  Address (P.O. Box Number is Not Acceptable)  City  FL  2ip. Code  DATE  Address (P.O. Box Number is Not Acceptable)  City  FL  2ip. Code  DATE  Address (P.O. Box Number is Not Acceptable)  City  FL  2ip. Code  DATE  Address (P.O. Box Number is Not Acceptable)  City  FL  2ip. Code  DATE  Address (P.O. Box Number is Not Acceptable)  City  FL  2ip. Code  DATE  Address (P.O. Box Number is Not Acceptable)  DATE	City & State				l .	549	<b>├</b>			
OHN PLUNKETT   1740 E SILVER SPRINGS BLVD   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired			
Street Address (P.O. Box Number is Not Acceptable)										
B. The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature	1740 E SILVER SPRINGS BLVD									
B. The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature										
The obligations of registered agent.  SIGNATURE  Signature, typat or present name of registered agent and Min if applicable. (NOTE Registered Agent signature required when reinstating)  PLATHLEEN PLUNKETT SIREET ADDRESS OFFICERS AND DIRECTORS IN 1.1  TITLE PLUNKETT SIREET ADDRESS OCITY-S1-ZP  TITLE VP DEBET OCALA, FL 34480  TITLE VP DEBET OCALA, FL 34480  TITLE STREET ADDRESS OCITY-S1-ZP  TITLE DEBET OC	·			City FL Zip Code						
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1  TITLE PARTIE POCALA, FL. 34480  CITY-ST-ZP  OCALA, FL. 34480  CITY-ST-ZP  OCALA, FL. 34480  Delete  ITILE SIREET ADDRESS  CITY-ST-ZP  TITLE  Delete  ITILE  NAME SIREET ADDRESS  CITY-ST-ZP  ITILE  Delete  TITLE  Addition  Additi	the obligations of registered agent.									
Added to Fees	SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
TITLE										
NAME   KATHLEEN PLUNKETT   STREET ADDRESS   CITY-ST-ZIP   OCALA, FL 34480   CITY-ST-ZIP   Change   Addition	<u> </u>	·····		-		ADDITIONS/C	HANGES TO OFF	· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS CITY-ST-ZIP OCALA, FL 34480  TITLE NAME PLUNKETT, MAUREEN STREET ADDRESS CITY-ST-ZIP OCALA, FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA, FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA, FL  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE ODelete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ODelete ODelete TITLE ODelete ODELETE ODELET ODE	NAME STREET ADDRESS	KATHLEEN PLUNKETT 7302 SE 12 CIR	∟ Delete	NAM Stre	E ET ADDRESS			Change		
TITLE NAME PLUNKETT, MAUREEN STREET ADDRESS CITY-ST-ZIP OCALA, FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Obelete TITLE Obelete TITLE Obelete TITLE Obelete TITLE OBELET OBE	NAME STREET ADDRESS	PLUNKETT, JOHN 5383 SW 15TH AVE	☐ Delete	nam Stre	E ET ADDRESS		_	☐ Change	☐ Addition	
NAME	NAME STREET ADDRESS	S PLUNKETT, MAUREEN 8140 N.W. 48TH LANE	☐ Delete	NAM STRE	EET ADDRESS			☐ Change	☐ Addition	
NAME	NAME STREET ADDRESS		☐ Delete	NAM STRE	E ET ADDRESS			☐ Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP			NAM Stri City	IE EET ADDRESS '- ST-ZIP				Addition	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withen address with attorber like empowered.

SIGNATURE:

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 352-671-4677